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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/567,139			ing Date 06/2006	To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY ☐ OR SMALL ENTITY OR SMALL ENTITY												
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A			N/A		1	N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),	E or (q))	N/A		N/A			N/A		]	N/A	
	FAL CLAIMS CFR 1.16(ii)		minus 20 =		•			x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•			X \$ =		1	X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and of sheets of paper, the app is \$250 (\$125 for small additional 50 sheets or t 35 U.S.C. 41(a)(1)(G) a			oplication size fee due Il entity) for each r fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT												
AMENDMENT	08/02/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	- 14	Minus	20		= 0		x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	- 8	Minus	···6		<b>=</b> 2		x s =		OR	X \$220=	440
	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	440
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus					× \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))		Minus	***				X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))									]		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20",  ### If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3",  #### The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public within its los family and process) an application. Confidentiality is governed by 83 USS. 0.12 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suppeactions for reducing this burden, should be sent to the CHIP Information Officer. U.S. Patient and Trademark Office. U.S. Department of Commerce P.O. Exx 1450, Alexandria. VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Exx 1450, Alexandria. VA 22313-1450.